

APR 05 2010

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Fax

PERSONAL AND CONFIDENTIAL

To: Examiner Christopher Low	From: Stacy Landry
Fax: (571) 273-0951	Date: April 5, 2010
Phone:	Pages: 18 (including cover)
Re: USSN 10/826,919	Our file: 54-000250US

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

Dear Examiner Low-

Per your request, please see a the attached communication sent to the USPTO on March 3, 2010. If you have any further questions about the communication, please contact Stacy Landry at (510) 769-3505.

Sincerely,
Deborah Barragan
Assistant to Stacy Landry

If you should encounter any difficulties in the transmission of this facsimile, please call Deborah Barragan at (510) 769-3518.

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**RECEIVED
CENTRAL FAX CENTER****APR 05 2010****TO THE U.S. PATENT & TRADEMARK OFFICE**

Please stamp the date of receipt of the following document(s) and return this card to us:

**RE: Response to Final Office Action and RCE UNNATURAL REACTIVE AMINO ACID
GENETIC CODE ADDITIONS****TITLE OF DOCUMENT(S):**

- Transmittal
- Fee Transmittal
- Request for extension of time
- RCE Transmittal
- Amendment and Request for Reconsideration (9 Pages)
- McKesson Statement of Relatedness (2 Pages)
- Sequence Listing Statement
- Sequence Listing CD (In Triplicate)
- Receipt Acknowledgment Postcard

Application No. 10/826,919File No. 54-000250USDate Due March 3, 2010Date Mailed March 3, 2010Any/Secty. CAO:db**RECEIVED****MAR 15 2010**

INTELLECTUAL PROPERTY LAW GROUP, LLC

APR 05 2010

PTO/SB/21 (07-09)

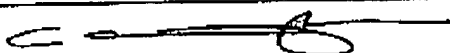
Approved for use through 07/31/2012. OMB 0651-0031


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/826,919	
	Filing Date	April 16, 2004	
	First Named Inventor	Alexander Deiters	
	Group Art Unit	1656	
	Examiner Name	Kagnew H. Gebreyesus	
Total Number of Pages in This Submission	16	Attorney Docket Number	54-000250US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input checked="" type="checkbox"/> McKesson Statement of Relatedness <input checked="" type="checkbox"/> Sequence Listing Statement <input checked="" type="checkbox"/> CD, Number of CD(s): 3 <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Interview Summary <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Request for Corrected Filing receipt <input type="checkbox"/> Copy of Filing Receipt -- marked up <input type="checkbox"/> Replacement/Supplemental Application Data Entry <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Christina Onufryk, Reg. No. 59,842, Quine Intellectual Property Law Group, P.C.
Signature	
Date	March 3, 2010

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Deborah Barragan	Date	March 3, 2010
Signature			

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/826,919
		Filing Date	April 16, 2004
		First Named Inventor	Alexander Deiters
		Examiner Name	Kagnev H. Gebreyesus
		Art Unit	1656
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	54-000250US
TOTAL AMOUNT OF PAYMENT	(\$)	1920.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account
☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description								Small Entity Fee (\$)
Each claim over 20 (including Reissues)								52
Each independent claim over 3 (including Reissues)								220
Multiple dependent claims								390
Total Claims								Multiple Dependent Claims
Extra Claims								Fee (\$)
- 20 or HP =								Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								Fee (\$)
- 3 or HP =								Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								Fee (\$)
Extra Sheets								Fee Paid (\$)
Number of each additional 50 or fraction thereof								
- 100 = / 50 = (round up to a whole number) x								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
Other: Request for Continued Examination (RCE)								810.00
Other: Request for Extension of Time for 3 Months.								1110.00
Other:								
Other:								
Other:								

SUBMITTED BY		Registration No.	59,842	Telephone	(510) 337-7871
Signature		(Attorney/Agent)		Date	March 3, 2010
Name (Print/Type)	Christina Onufryk				